| UNTF | UNTF POST - PROJECT REPORT | | | | | | | | | |
|---|--|-------|-----------------|---|------|----------------------------------|------------------------------|---|---------|--|
| 1. Sponsoring Organization a. Name of Organization b. Mailing Address City, State, Zip c. Contact Person d. Telephone Number e. Telefax Number f. E-mail Address | | | | | | | | rojects O Housing Dev. O Solar line O Public Facil wiring O Other cy/Emergency ipment Purchase & Repair uipment Purchase & Repair | | |
| Project Sched | Project Schedule Planned Actual Differ | | | | | O Student Educational Enrichment | | | | |
| a. Start Date | | | | | | _ | Adult Educational Enrichment | | | |
| b. End Date | ľ | | | | days | _ | Recreation | | Fair(s) | |
| 5. List Actual Activities and Cost: a | | | | 6. List Actual Match Funding: a. UNTF FY - b. NRF FY - c. d. e. f. g. h. these totals must match up | | | ding: | \$ \$ \$ | | |
| 7. This project was constructed by: Contract (attach copy of contract) Self-Help Chapter-hired Labor (attach actual schedule of positions, wage rates, fringe) | | | | | | | | | | |
| 8. Outcome Report (attach a description answering the following or attach documents) a. What was the project/program outcome? b. Was the project/program beneficial anticipated? Describe benefits. c. Who benefitted from this project/program? Attach a list of participants (names) d. If Equipment was purchased, where is equipment now situated and proved description and serial number. e. Describe any problems experienced in implementing the project/program and indicate how it was resolved. f. Was additional funding needed to complete the project? How was this resolved or how will it be resolved? g. If joint project, describe role(s) of other organizations or agencies involved with this project | | | | | | | | | | |
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| Provide copy to Chapter & Submit/Mail Report to: Da UNTF Administration | | | | | | e rec'd at UNTF Office | | | | |
| | | | | | | nowled | ged by | | | |
| Blanding, Utah 84511 Pro | | | | | | | iect No. Assigned | | | |